

PAIN RESEARCH **HEAL** Initiative

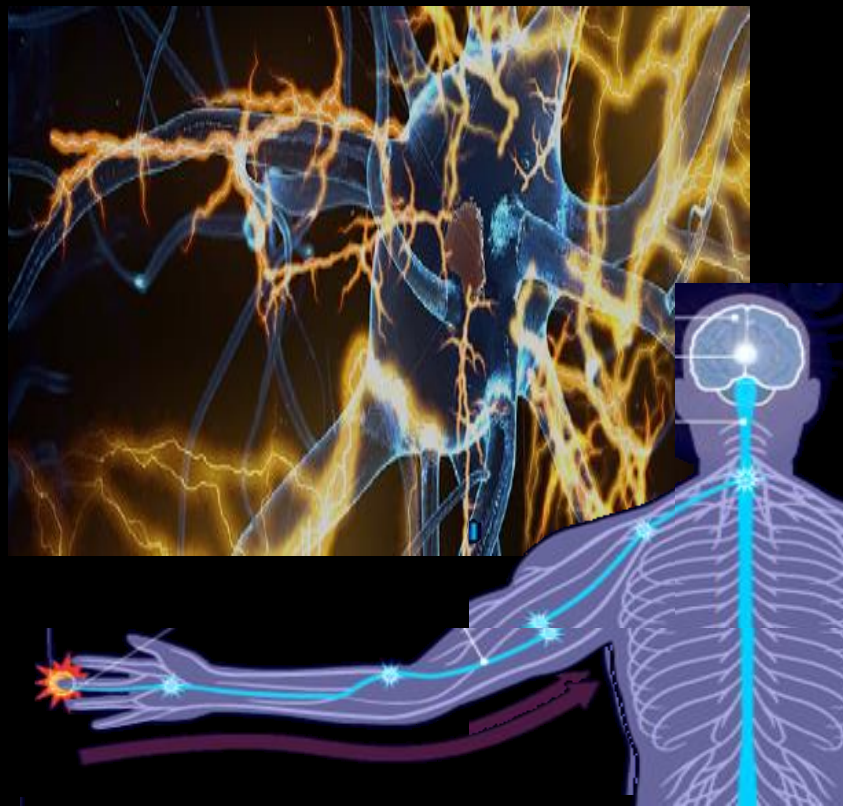


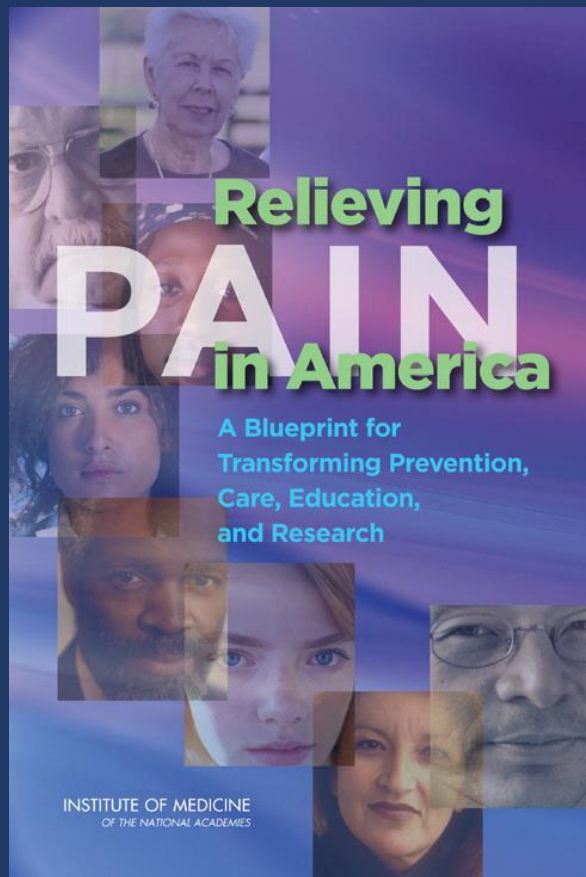
Nora D. Volkow, M.D.
Director



National Institute
on Drug Abuse

 @NIDAnews





National Institutes of Health
National Center for Complementary and Integrative Health

Pain in the U.S.



25.3 million
American adults
suffer from daily pain



23.4 million
American adults
report a lot of pain

Nahin RL. Estimates of Pain Prevalence and Severity in Adults: United States, 2012, *Journal of Pain* (2015), doi: 10.1016/j.jpain.2015.05.002.

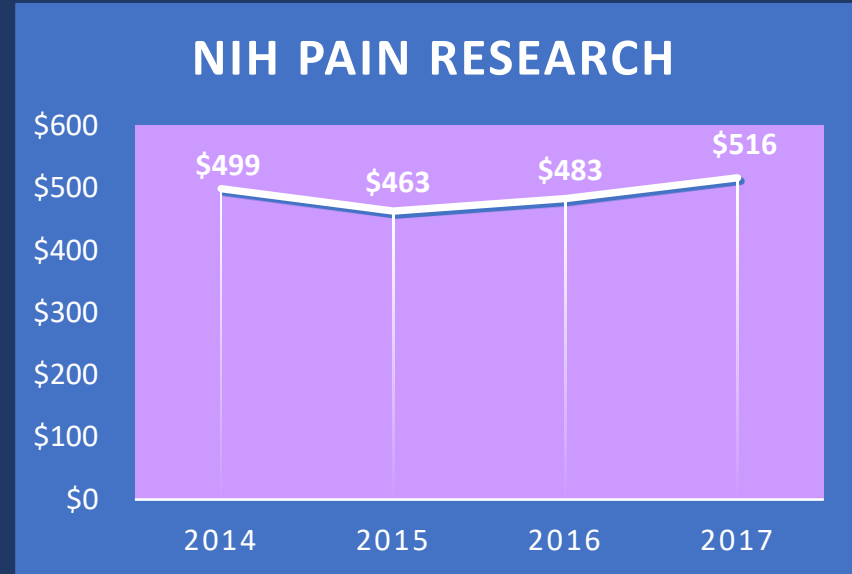
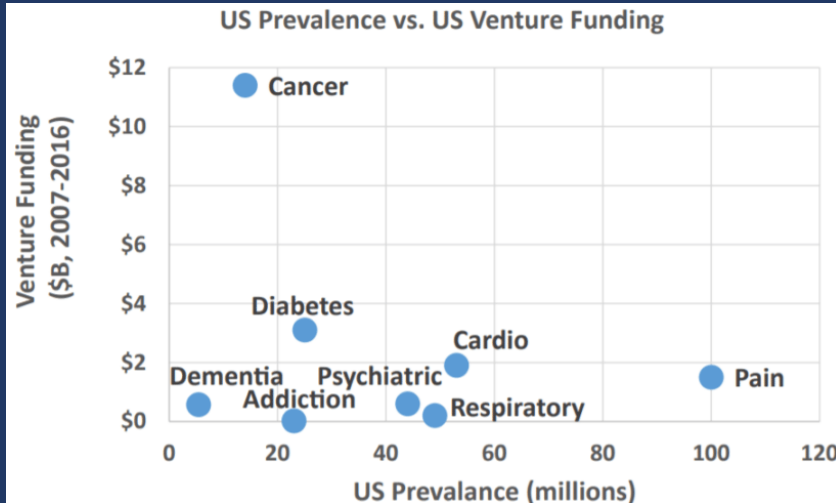


National Center for
Complementary and
Integrative Health

nccih.nih.gov/health/pain

What's with pain? Analysis shows scarce private investments, high failure rate

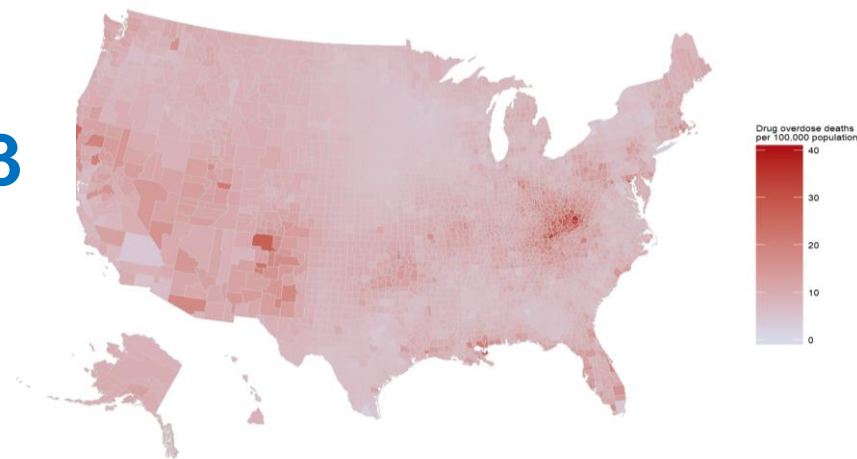
NIH investments on Pain Research



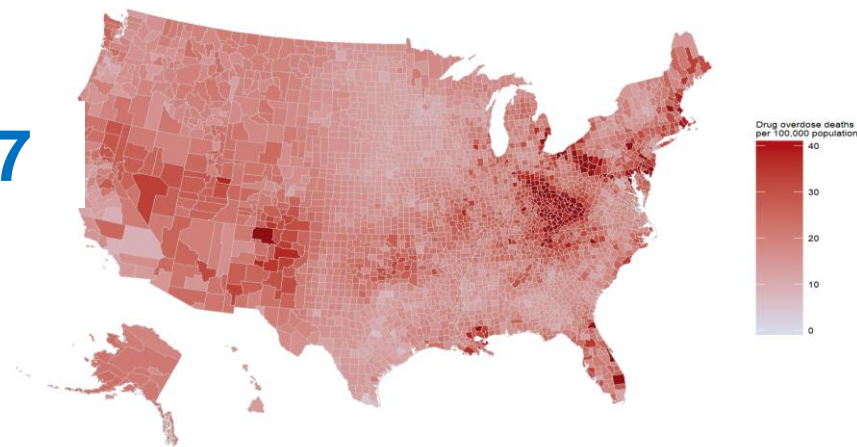
THE CRISIS: NATIONAL OVERDOSE DEATH RATES

IN 2017, THERE WERE
70,237 OVERDOSE
DEATHS (9.6% HIGHER
THAN 2016)

2003

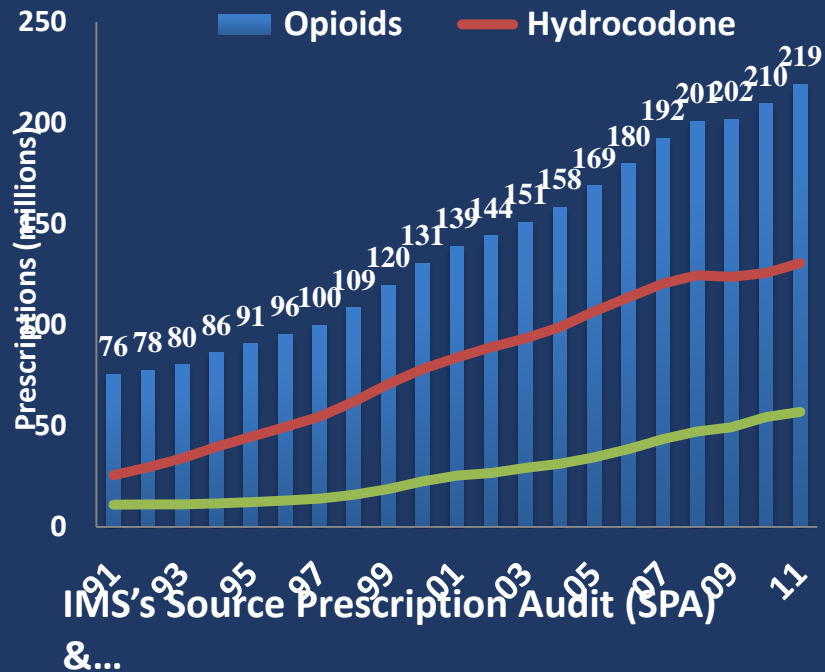


2017

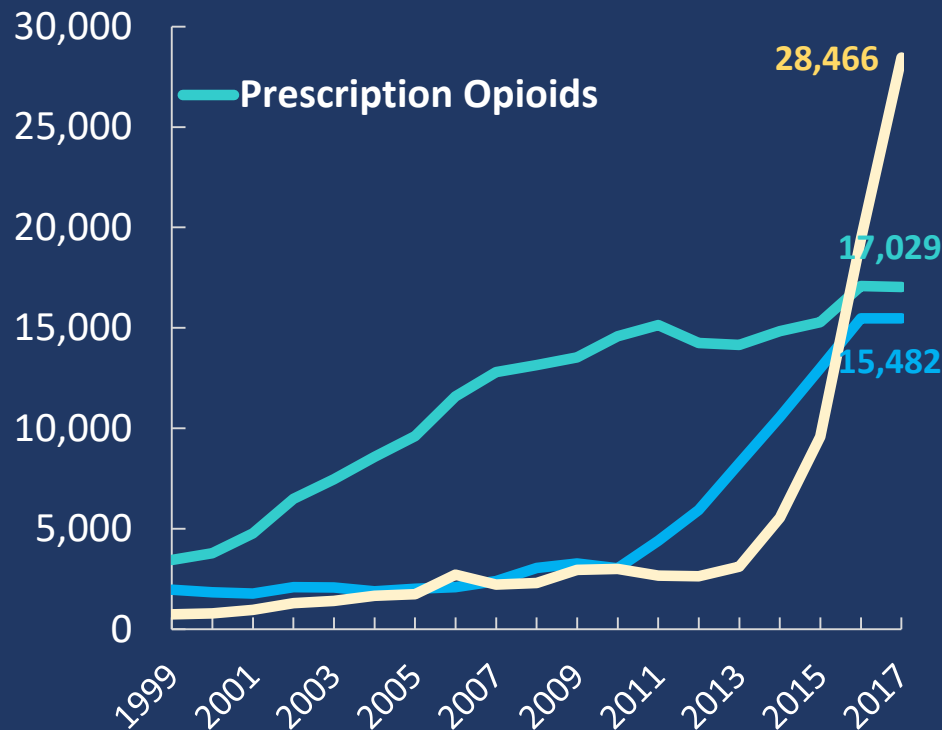


- **SOURCE:** National Center for Health Statistics, National Vital Statistics System, mortality data (<http://www.cdc.gov/nchs/deaths.htm>).
- **SUGGESTED CITATION:** Rossen LM, Bastian B, Warner M, Khan D, Chong Y. Drug poisoning mortality: United States, 2003–2017. National Center for Health Statistics. 2019. (Available from: <https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/>).

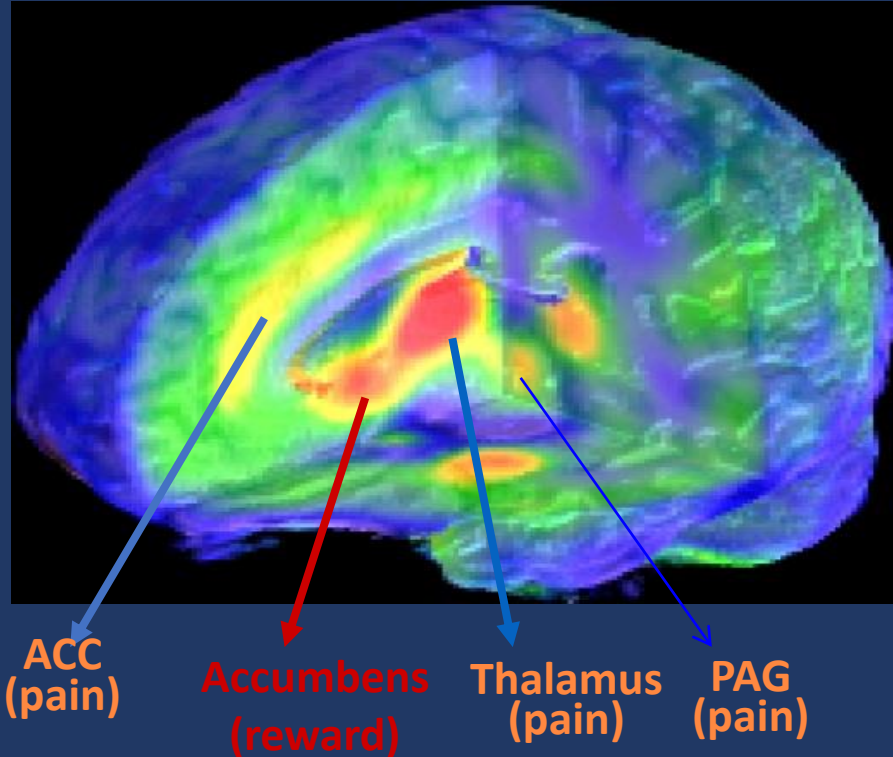
Opioid Prescriptions: 1991-2011



Waves Opioid Crisis: Overdose Fatalities



Analgesic & Reward Mechanisms of Mu Opiate Drugs (Heroin, Vicodin, Morphine)



HEAL Initiative Research Plans



Advancing Fundamental Science

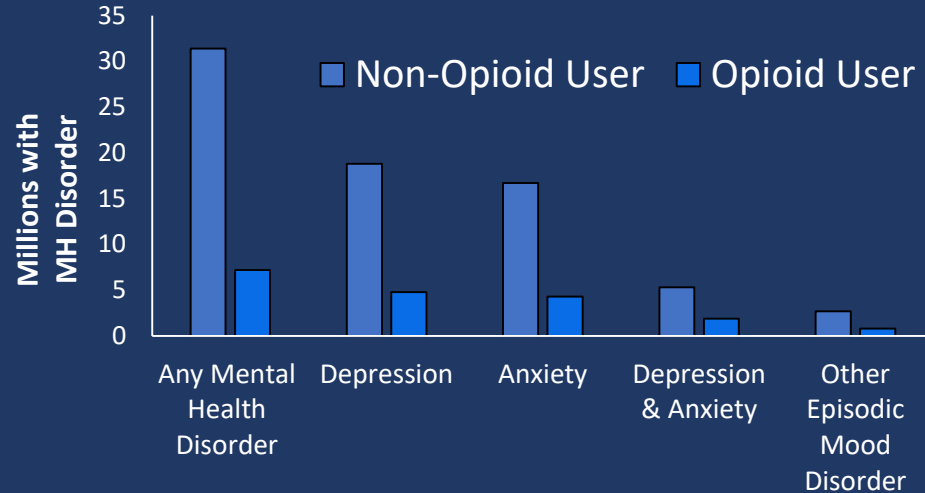
- Understand factors underlying vulnerability to pain conditions
- Biomarkers for pain
- Discover, validate novel targets for pain treatment



Understand factors underlying vulnerability to pain

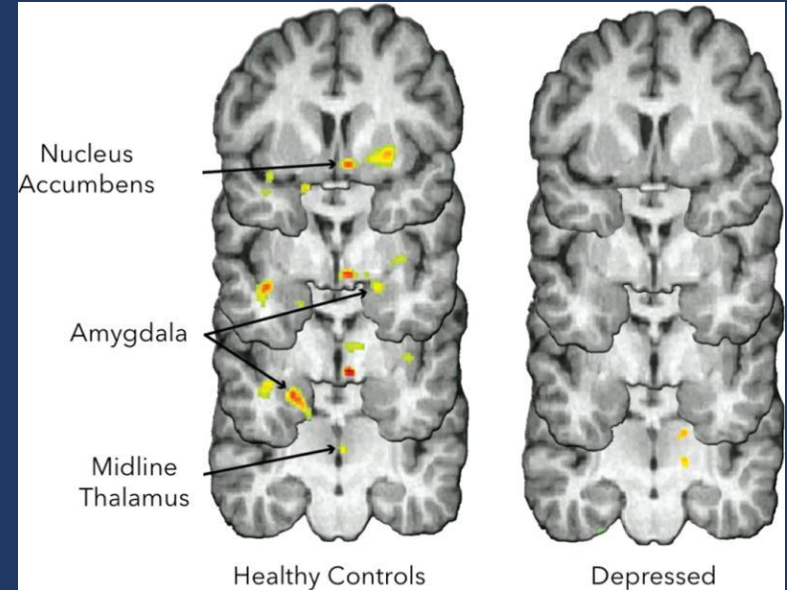
High Co-morbidity of Pain, Depression and Opioid Addiction

MOR availability during social rejection



16% Adult Americans have a MH disorder (mostly mood disorders) and receive >50% of prescribed opioids

Davis MA et al., JABFM July–August 2017; 30(4).



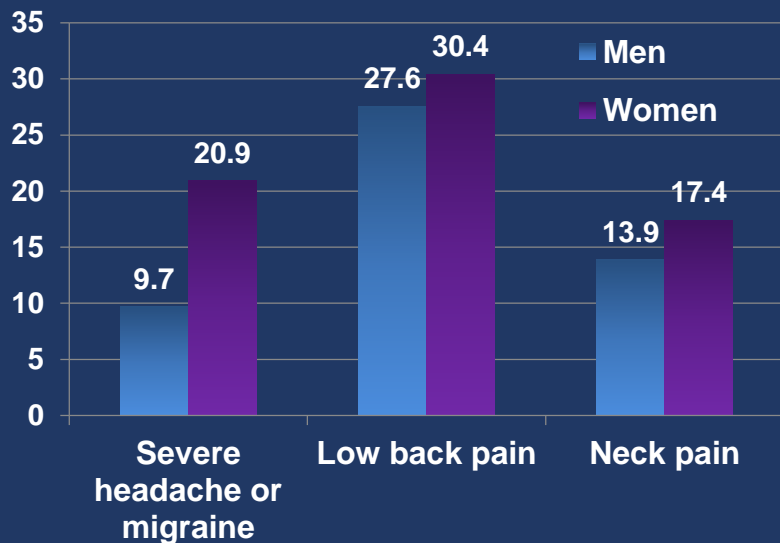
Depressed patients, did not show social rejection induced opioid release in accumbens, amygdala and mid-thalamus

Hsu et al., Mol Psychiatry.

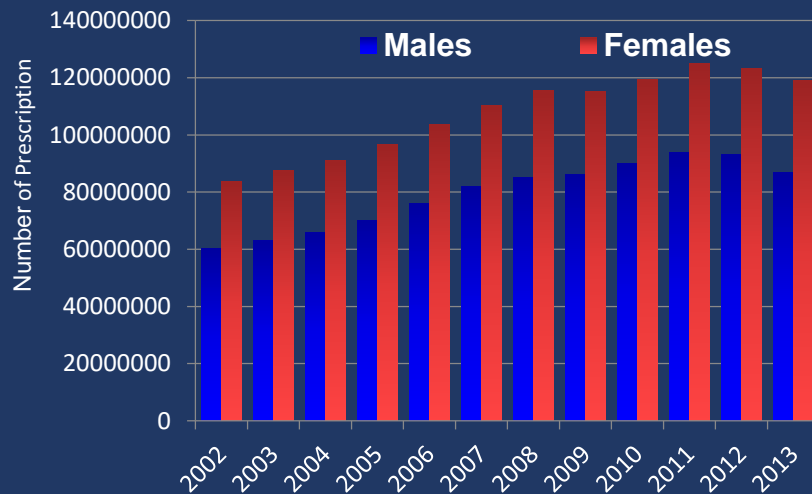
Understand factors underlying vulnerability to pain

Women Suffer More Pain Conditions and are Prescribed More Opioids

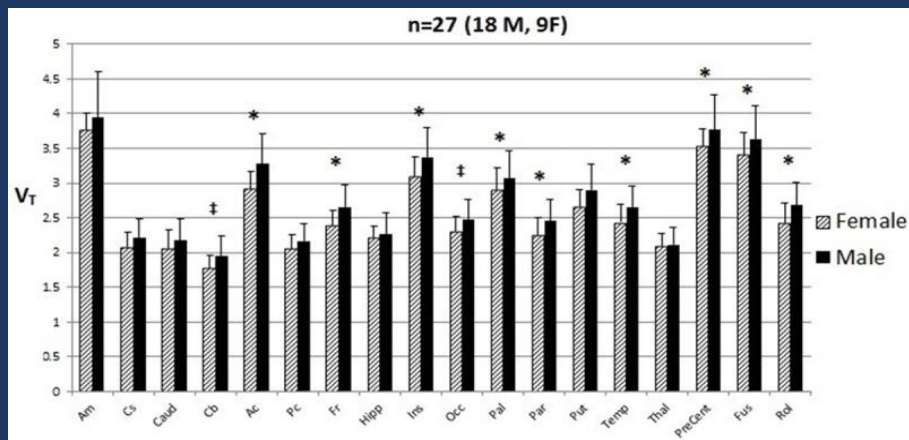
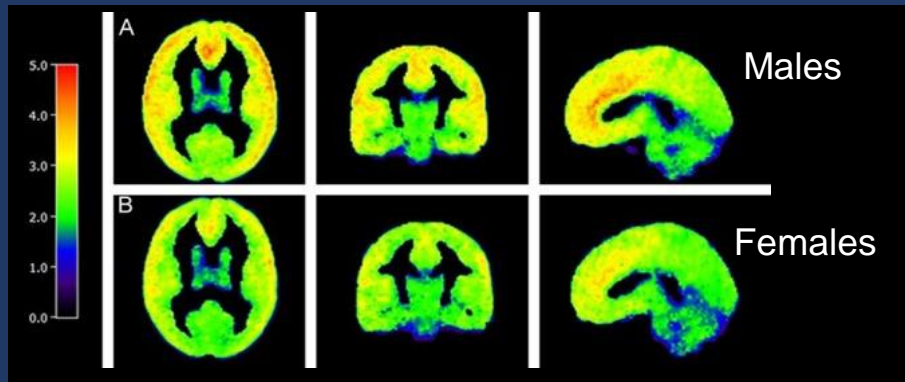
Rates of U.S. Adults > 18 and Older Reporting Pain, 2015



Opioid Prescriptions U.S. Retail Pharmacies



Gender Differences in Kappa Opioid Receptor Availability



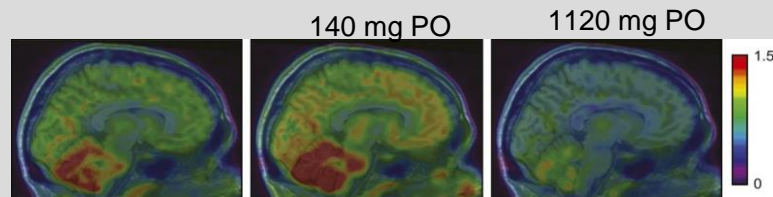
- Lower Kappa receptor availability in females than males could reflect:
- Increased dynorphin, which is “mostly” aversive.
- Lower levels of Kappa receptors
- Could this contribute to gender differences in pain catastrophizing

Developing Biomarkers for Pain

Target Engagement

Targeting Calcitonin Gene-Related Peptide (CGRP) for migraine therapy

CGRP Occupancy by Telcagepant [¹¹C]MK-4232 and PET



*Therapeutic doses 140-280mg

<10 % occupancy *140 mg

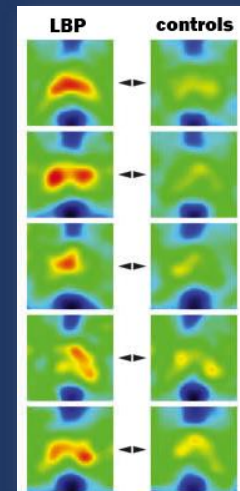
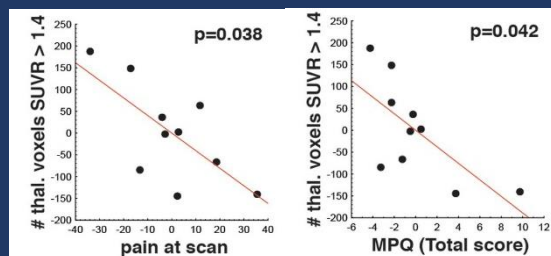
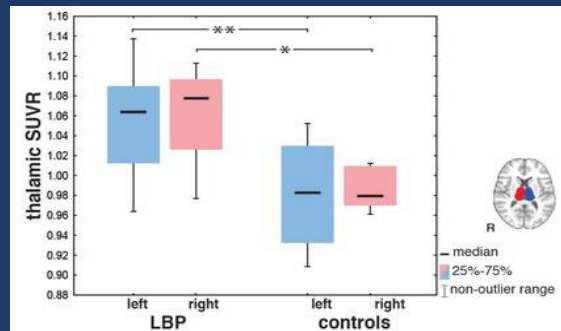
43-58% occupancy 1120 mg

Hostettler et al. *J Pharmacol Exp Ther* 2013

- Anti-CGRP peptide and anti-CGRP receptor antibodies are effective for preventing migraine.
- Telcagepant site of action is likely peripheral or via another receptor (AMY1 R *Walker et al., 2015*)

Biomarkers of Inflammation

Inflammation marker (PBR28) is Increased in Low Back Pain (LBP)



Thalamic PBR28 binding was inversely correlated with perception of pain

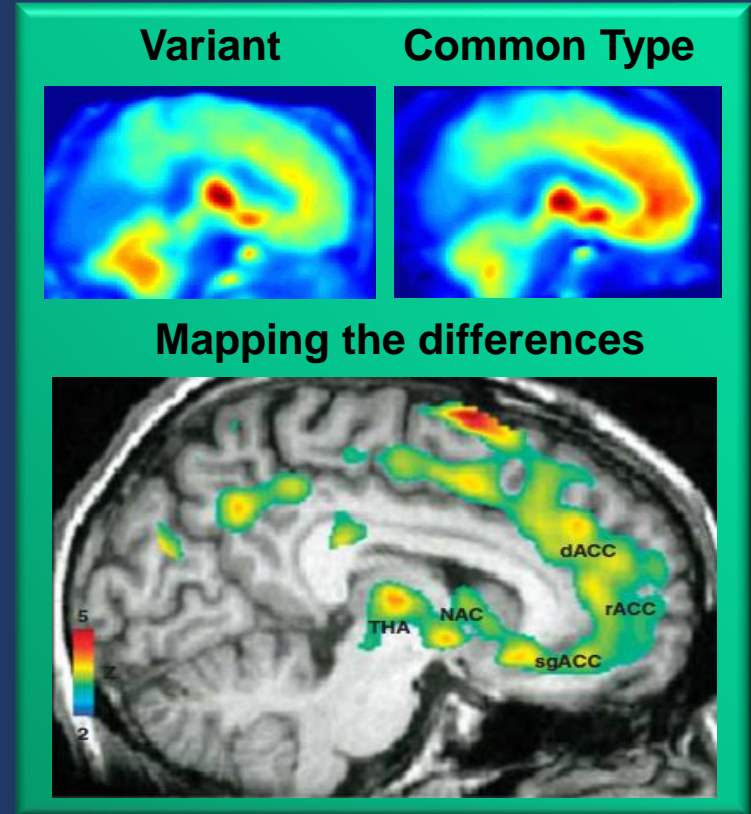
Loggia et al. *Brain* 2015;138

Biomarkers to Predict Addiction

- *OPRM1* encodes for target of opioids – and varies from person to person
 - *OPRM1* variant
 - Affects specific receptor levels in brain
 - Associated with increased risk for addiction, overdose severity
- Highlights *precise, personalized* nature of addiction....

Hancock et al., *Biol Psychiatry* 2015; 78

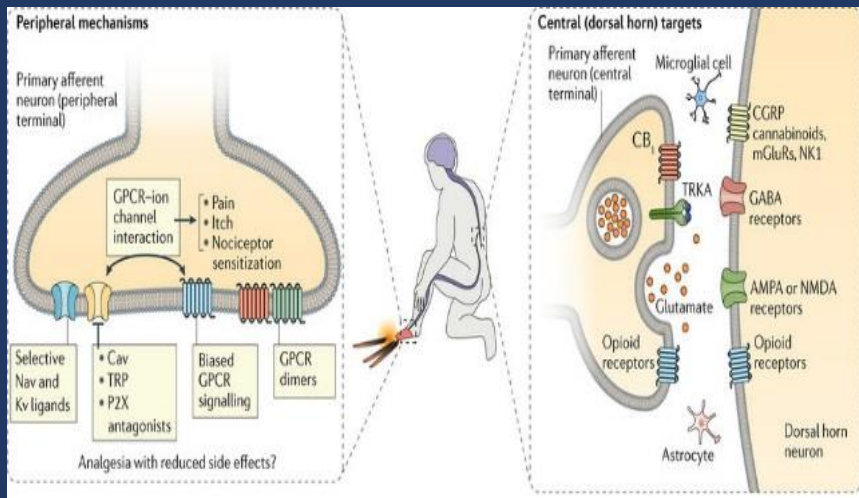
Manini et al., *J Med Toxicol* 2013; 9



Peciña et al., *Neuropsychopharmacology* 2015; 40

Discover and Validate Novel Targets for Safe and Effective Pain Treatment

Na_v1.7 as a Potential Target For Potent Non-Addictive Analgesic

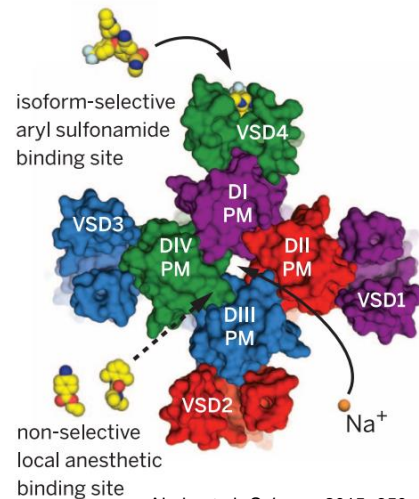


Nat Rev Drug Discov. 2017 Aug;16(8):545-564.

NATURE|Vol 444|14 December 2006

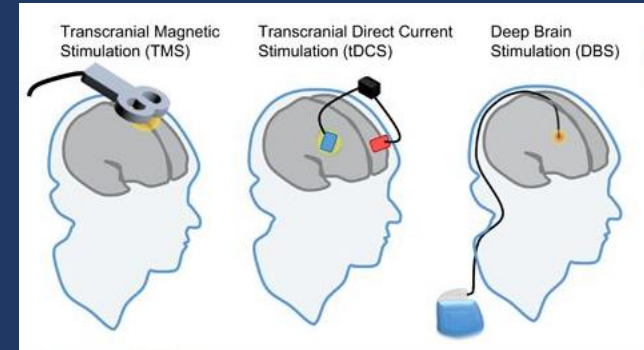
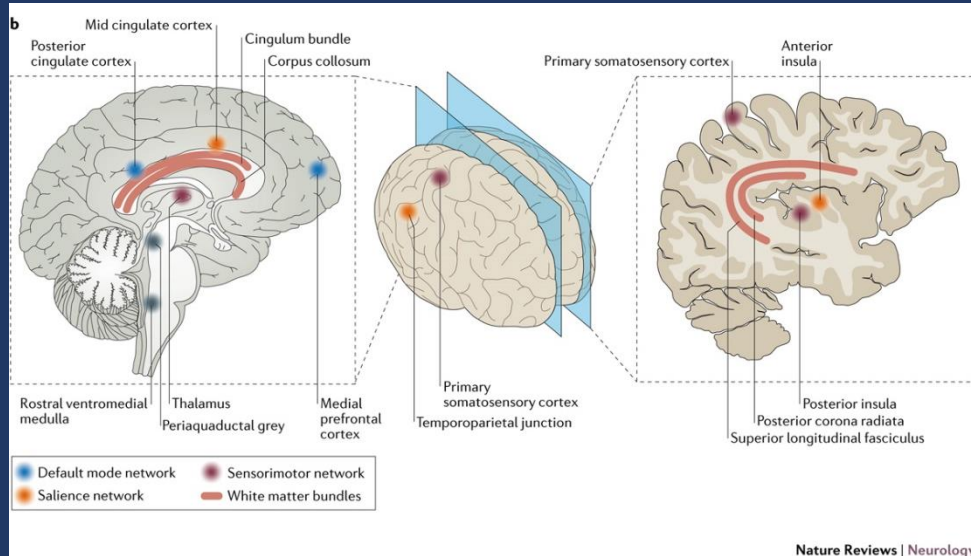
An SCN9A channelopathy causes congenital inability to experience pain

James J. Cox^{1*}, Frank Reimann^{2*}, Adeline K. Nicholas¹, Gemma Thornton¹, Emma Roberts³, Kelly Springell¹, Gulshan Karbani⁴, Hussain Jafri⁵, Jovaria Mannan⁶, Yasmin Raashid⁷, Lihadh Al-Gazali⁸, Henan Hamamy⁹, Enza Maria Valente¹⁰, Shaun Gorman¹¹, Richard Williams¹², Duncan P. McHale¹², John N. Wood¹³, Fiona M. Gribble² & C. Geoffrey Woods¹



Ahuja et al. *Science*. 2015; 350

Neuromodulation for Pain



Brain areas showing abnormal resting state functional networks and white matter tractography in chronic pain.

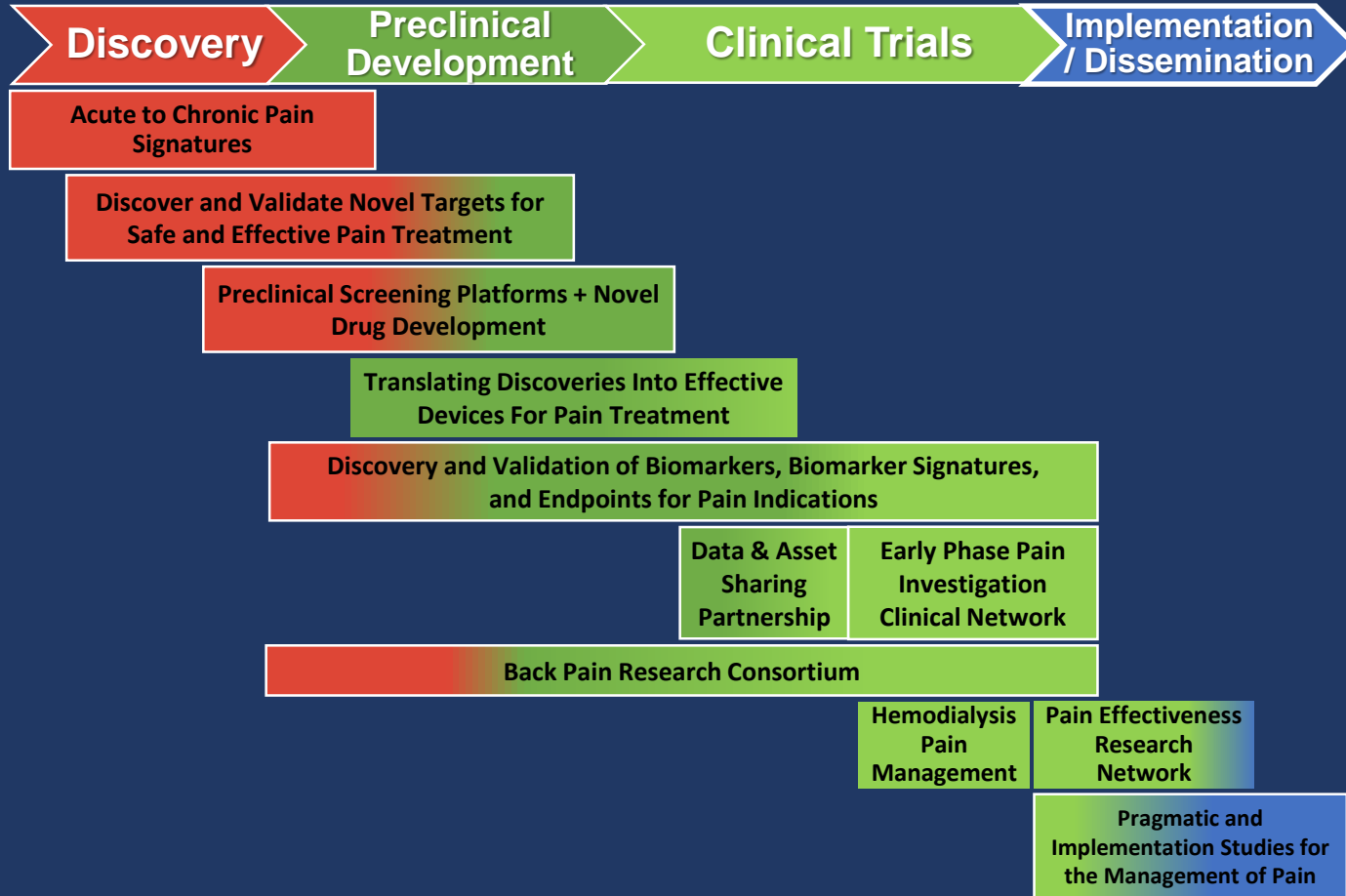
Enhancing Pain Management

Advancing Effective Treatments

- Establish clinical trials network to test wide range of strategies for management of multiple different pain syndromes
 - Drugs, biologics, natural products, devices, mind-body approaches, etc.
 - Industry agrees to make available dozens of promising pain treatments
- Develop ways to make pain management data more widely accessible
 - To speed clinical translation of what we've learned
 - To encourage formation of innovative partnerships

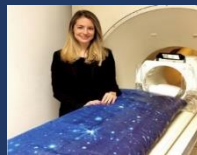


HEAL Programs for Pain Cover the Research Spectrum



Acute to Chronic Pain Signatures

- Objective biosignatures to identify susceptibility or resilience to chronic pain
 - Phenotyping
 - Genotyping
 - Sensory tests
 - Imaging
 - -omics
- Outcomes
 - Mechanisms
 - Novel therapeutic targets
 - Cohort stratification
 - Prevention



Structure:

- Clinical Coordination Center
- Clinical Centers
- Omics Data Generation Centers
- Data Integration and Resource Center

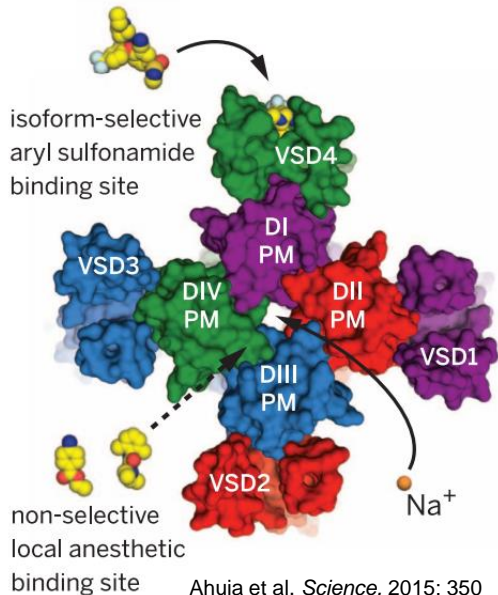
<https://comm/onfund.nih.gov/pain>

Nav1.7 as a Potential Target For Potent Non-Addictive Analgesic

NATURE|Vol 444|14 December 2006

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James J. Cox^{1*}, Frank Reimann^{2,4}, Adeline K. Nicholas¹, Gemma Thornton¹, Emma Roberts³, Kelly Springell³, Gulshan Karbani⁴, Hussain Jafri⁵, Jovaria Mannan⁶, Yasmin Raashid⁷, Lihadh Al-Gazali⁸, Henan Hamamy⁹, Enza Maria Valente¹⁰, Shaun Gorman¹¹, Richard Williams¹², Duncan P. McHale¹², John N. Wood¹³, Fiona M. Gribble² & C. Geoffrey Woods¹



Surprisingly, many potent selective antagonists of Nav1.7 are weak analgesics

- Loss of Nav1.7 results in transcriptional upregulation of Penk (precursor of met-enkephalin) in DRG neurons.
- As opioid-dependent analgesia accounts for Congenital Insensitivity to Pain (CIP) phenotype (Naloxone restores sensitivity to pain), this identifies an endogenous opioid action with no tolerance
- In preclinical models of pain the combination of Nav1.7 blockade with very low dose buprenorphine or enkephalinase inhibitors produced dramatic analgesia